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Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD Efféctive October 1, 2003

| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |   |               |                                    |              |                  |      | SMALL ENTITY       |                        |      | OTHE                | R THAN<br>ENTITY         |
|--|--|---|---------------|------------------------------------|--------------|------------------|------|--------------------|------------------------|------|---------------------|--------------------------|
| T  | OTAL CLAIMS                                    | · · ·                                       | 35            |                                    |              |                  |      | RATE               | FEE                    | 7    | RATE                | FEE                      |
| F  | OR   | · .   | NUMBER FILED  |                                    | NUMBER EXTRA |                  | ·    | BASIC FEI          | 385.00                 | OR   | BASIC FEE           | 770.00                   |
| T  | OTAL CHARGE                                    | ABLE CLAIMS                                 | 35 mi         | 35 mlnus 20=                       |              | <i>' 15</i>      |      | X\$ 9=             |                        | OR   | X\$18=              |                          |
| IN   | DEPENDENT C                                    | 5 minus 3 =                                 |               | 2                                  |              | 1.               | X43= | <del> </del>       | OR                     | X86= |                     |                          |
| М  | JLTIPLE DEPE                                   | NDENT CLAIM P                               | RESENT        |                                    |              |                  |      | . 4 45             |                        | 1    |                     |                          |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |  |   |               |                                    |              |                  |      | +145=              | ļ                      | QR.  | +290=               |                          |
|  |  |   | TOTAL         | L                                  | JOR          | TOTAL<br>OTHER   | THAN |                    |                        |      |                     |                          |
|  | · · · · ·                                      | Column 1)                                   | ·             | (Colun                             | nn 2)        | (Column 3)       |      | SMALL              | ENTITY                 | OR   | SMALL               |                          |
| AMENDMENT A  |  | CLAIMS .<br>REMAINING<br>AFTER<br>AMENDMENT |               | HIGHI<br>NUME<br>PREVIO<br>PAID F  | BER<br>JUSLY | PRESENT<br>EXTRA |      | RATE               | ADDI-<br>TIONAL<br>FEE |      | RATE                | . ADDI-<br>TIONAL<br>FEE |
|  | Total  | • 43  | Minus         | 3                                  | 5            | = 8 .            |      | x\$\$=             | 200                    | OR   | X\$18=              |                          |
|  | Independent                                    | . 7   | Minus         |                                    | 5            | = 2              |      | X43=               | 200                    | OR   | X86=                |                          |
| L  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |               |                                    |              |                  | 1    | +145=              |                        | OR   | +290=               |                          |
|  | 4/22/05 Pa, 2                                  |   |               |                                    |              |                  |      | TOTAL<br>DOIT, FEE | 400                    | OR   | TOTAL<br>ADOIT. FEE |                          |
|  | (Column 1) (Column 2) (Column 3)               |   |               |                                    |              |                  |      |                    |                        |      |                     |                          |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |               | HIGHE<br>NUMB<br>PREVIO<br>PAID F  | IER<br>USLY  | PRESENT<br>EXTRA |      | RATE               | ADDI-<br>TIONAL<br>FEE |      | RATE                | ADDI-<br>TIONAL<br>FEE   |
|  | Total .  |   | Minus         | 44 .                               |              | =                |      | X\$ 9=             |                        | OR   | X\$18≂              |                          |
|  | Independent                                    | *   | Minus         | 4**                                | 01.441.1     | -                |      | X43=               | . •                    | OR   | X86=                |                          |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |               |                                    |              |                  | ¹ [  | +145=              |                        | OR   | +290=               |                          |
| · · · · · · · · · · · · · · · · · · ·  |  |   |               |                                    |              |                  |      | TOTAL<br>DOIT, FEE |                        | OR , | TOTAL<br>ADDIT, FEE |                          |
| (Column 1) (Column 3)  |  |   |               |                                    |              |                  |      |                    |                        |      |                     |                          |
| AMENDMENT C.   |  | . CLAIMS REMAINING AFTER AMENDMENT          |               | HIGHE<br>NUMB<br>PREVIOL<br>PAID F | ER<br>JSLY   | PRESENT<br>EXTRA |      | RATE               | ADDI-<br>TIONAL<br>FEE |      | RATE                | ADUI-<br>TIONAL<br>FEE   |
|  | Total  |   | Minus         | e.e.                               |              | <u>.</u>         | ·    | X\$ 9=             |                        | OR   | X\$19=              |                          |
|  | Independent                                    | A   | Minus         | \$+\$ e-                           |              | <u>.</u>         | -    | X43=               |                        | OR   | X06=                |                          |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |               |                                    |              |                  |      |                    |                        |      |                     |                          |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3  * If the "Highest Number Previously Poid For" IR THIS SPACE is less than 20, enter "20"  ADDIT FEE |  |   |               |                                    |              |                  |      |                    |                        |      |                     |                          |
| 444(   | the Highest Dur                                | nber Previously Paid<br>ser Previously Paid | a For IN THIS | SPACE 6 (                          | lest than    | 3, enter Th.     | •    |                    | optiare box            |      |                     |                          |